| UNITED STA                                                                                                                                                                                                              | ATES DIST                                 | TRICT COURT                                                                                                      |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|----|
| Southern                                                                                                                                                                                                                | District of                               | New York                                                                                                         |    |
| Alan Martin and Dax Partners LP on behalf of themselves and all others similarly situated  V.  Amaranth LLC et al.,                                                                                                     |                                           | SUMMONS IN A CIVIL ACTION                                                                                        |    |
| see attachment A                                                                                                                                                                                                        | CASE                                      | NUMBER:                                                                                                          |    |
| TO: (Name and address of Defendant)  Amaranth LLC  One American Lane  Greenwich, CT 06831                                                                                                                               |                                           | · CO                                                                                                             |    |
| YOU ARE HEREBY SUMMONED and r<br>Christopher Lovell<br>Lovell Stewart Halebian LLP<br>500 Fifth Avenue, 58th Floor<br>New York, NY 10110                                                                                |                                           | on PLAINTIFF'S ATTORNEY (name and address)                                                                       |    |
| an answer to the complaint which is served on you of this summons on you, exclusive of the day of ser for the relief demanded in the complaint. Any an Clerk of this Court within a reasonable period of the complaint. | rvice. If you fail t<br>swer that you sei | I to do so, judgment by default will be taken against y<br>erve on the parties to this action must be filed with | oι |
| J. MICHAEL McMAHON                                                                                                                                                                                                      |                                           | AUG 2 4 2007                                                                                                     |    |

Our File # 29108 Page 2 of 3 Client File #

| UNITED STATES<br>SOUTHERN DIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE STATE OF NEW YO                                                       | ORK                                                        |                                                                    |                                                                      |                                                                                           |  |  |  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|--|
|                                | AND READONN AND D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A V. DA DÆNYDDO I D. O.                                                   | N DELLA LE OE                                              |                                                                    |                                                                      | dex # 07CV7592<br>tte of Filing 8/24/07                                                   |  |  |  |
| A1.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AX PARTNERS LP OI<br>ALL OTHER SIMIL                                      |                                                            | TED                                                                |                                                                      |                                                                                           |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Pla                                                        | intiff                                                             | A                                                                    | AFFIDAVIT OF<br>SERVICE                                                                   |  |  |  |
| A                              | ag<br>MARANTH LLC, ET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ainst<br>AL                                                               |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | De                                                         | fendant                                                            |                                                                      |                                                                                           |  |  |  |
| Deponent is not a par          | rty herein, is over 18 years<br>ER 7 2007 at 3:55PM., a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STCHESTER ss: JOHN<br>of age and resides in the ST<br>at ONE AMERICAN LAN | TATE OF NEW Y                                              | ORK                                                                | sworn, deposes and                                                   | says;                                                                                     |  |  |  |
| •                              | SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JMMONS AND COMPLA                                                         | AINT                                                       |                                                                    |                                                                      |                                                                                           |  |  |  |
| On AMARANTH I                  | TC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | <b>\</b> 1                                                 | Papers served had endors                                           | sed thereon index # :                                                | and date of filing                                                                        |  |  |  |
| ☐ Individual                   | by delivering a true copy<br>defendant therein.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of each to said defendant p                                               | ersonally, deponent                                        | t knew the person so ser                                           | ved to be the person                                                 | described as said                                                                         |  |  |  |
| ☑ Corporation                  | Religious Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Government Entity                                                       | Law Office                                                 | ☐ Medical Facility                                                 | Partnership                                                          | Other                                                                                     |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ue copy of each to ALLEN<br>e/he is a managing/authorize                  |                                                            | oration, thereof, authori                                          | zed to accept legal p                                                | process.                                                                                  |  |  |  |
| Suir ble Aga erson             | by delivering thereat a true copy of each to a person of suitable age and discretion.  Said premises is recipient's actual place of business dwelling place substant place of abode last known address within the state. Person spoken to verified that defendant actually resides/is employed at these premises.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
| ☐ Affixing<br>To Door          | by affixing a true copy of each to the door of said premises, which is recipient's actual place of business dwelling place last known address—within the state. Deponent was unable, with due diligence to find defendant or a person of suitable age and discretion thereat, having called there: Address Confirmed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
| ☐ Mailing                      | On deponent enclosed a copy of same in first class envelope properly addressed to recipient's last known  Residence Business at:  The envelope bore the legend "Personal and Confidential" and did not indicate on the outside thereof, by return address or otherwise, that the communication was from an attorney or concerned an action against the defendant.  The envelope was placed in an official depository under the exclusive care and custody of the U.S. Postal Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
| ☑ Description                  | Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n Brown Hair<br>kin Blonde Hair<br>in Gray Hair                           | ☐ White Hair ☐ Balding ☐ Mustache ☐ Beard ☐ Glasses ☐ Bald | ☐ 14-20 Yrs. ☐ 21-35 Yrs. ☐ 36-50 Yrs. ☐ 51-65 Yrs. ☐ Over 65 Yrs. | ☐ Under 5'<br>☐ 5'0"-5'3"<br>☒ 5'4"-5'8"<br>☐ 5'9"-6'0"<br>☐ Over 6' | ☐ Under 100 Lbs.<br>☐ 100-130 Lbs.<br>☐ 131-160 Lbs.<br>☑ 161-200 Lbs.<br>☐ Over 200 Lbs. |  |  |  |
|                                | Other identifying features:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
| ☐ Fees                         | At the time of said service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e, deponent paid (tendered)                                               | in advance \$                                              | the authorized traveling                                           | expenses and one d                                                   | ay's witness fee.                                                                         |  |  |  |
| ☐ Military                     | Defendant in the above entitled action. In response to my questions said person told me that the Defendant was not in the military service or financially dependant upon anyone who is in the military service of the United States of America or of the State of New York in any capacit From the facts above set forth, Lam convinced that the said Defendant is not in the military service at the present time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                            |                                                                    |                                                                      |                                                                                           |  |  |  |
|                                | e de la companya de l | Gin (-                                                                    |                                                            | ٥                                                                  | 111                                                                  |                                                                                           |  |  |  |
| Sworn to before n              | ne on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ELLENEAK                                                                  | LEY                                                        | /)                                                                 |                                                                      | /                                                                                         |  |  |  |
| December 5, 2007               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Notary Public, State<br>No. 01EA508<br>Qualified in Westche               | of New York<br>5889                                        | Je                                                                 | of IV                                                                |                                                                                           |  |  |  |
|                                | "om                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | mission Expires Sep                                                       | ot. 29/1/1                                                 | II / V                                                             | JOHN WILLI                                                           | AMS                                                                                       |  |  |  |

## Attachment A

ALAN MARTIN and DAX PARTNERS LP, individually and behalf of all other persons similarly situated,

Plaintiffs,

-against-

AMARANTH L.L.C., AMARANTH ADVISORS, L.L.C., AMARANTH ADVISORS (CALGARY) U.L.C., AMARANTH GROUP INC., AMARANTH INTERNATIONAL LIMITED, AMARANTH PARTNERS LLC, AMARANTH CAPITAL PARTNERS LLC, NICHOLAS M. MAOUNIS, BRIAN HUNTER, MATTHEW DONOHOE, J.P. MORGAN CHASE & CO., J.P. MORGAN CHASE BANK, INC., J.P. MORGAN FUTURES, INC., AND JOHN DOES NO. 1-10,

Defendants.